

2026 Individual Plans

<div>St Luke'sTM</div> <div>+ Health Plan</div>		BRONZE		BRONZE HDHP		SILVER		SILVER - 5600*		SILVER - 1000*		SILVER - 250*		GOLD	
		In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network
Deductible	Individual	\$7,750	\$20,300	\$7,500	\$20,300	\$5,800	\$20,300	\$5,600	\$20,300	\$1,000	\$20,300	\$250	\$20,300	\$1,800	\$20,300
	Family	\$15,500	\$40,600	\$15,000	\$40,600	\$11,600	\$40,600	\$11,200	\$40,600	\$2,000	\$40,600	\$500	\$40,600	\$3,600	\$40,600
Annual out-of-pocket maximum	Individual	\$10,150	\$101,500	\$8,000	\$101,500	\$8,750	\$101,500	\$8,100	\$50,750	\$3,250	\$50,750	\$1,100	\$50,750	\$7,200	\$101,500
	Family	\$20,300	\$203,000	\$16,000	\$203,000	\$17,500	\$203,000	\$16,200	\$101,500	\$6,500	\$101,500	\$2,200	\$101,500	\$14,400	\$203,000
Preventive care services		\$0	60% after deductible	\$0	60% after deductible	\$0	60% after deductible	\$0	60% after deductible	\$0	60% after deductible	\$0	60% after deductible	\$0	60% after deductible
Primary care provider office visits		\$0		\$0 after deductible		\$0		\$0		\$0		\$0			
Professional maternity services		\$0		\$0 after deductible		\$0		\$0		\$0		\$0			
Professional mental health office visits		\$0		\$0 after deductible		\$0		\$0		\$0		\$0			
Medical eye exams		\$0		\$0 after deductible		\$0		\$0		\$0		\$0			
Professional oncology office visits		\$140		50% after deductible		\$0		\$0		\$0		\$0			
St. Luke's On-Demand virtual care		\$0	Out-of-network services not available	\$0	Out-of-network services not available	\$0	Out-of-network services not available	\$0	Out-of-network services not available	\$0	Out-of-network services not available	\$0	Out-of-network services not available	\$0	Out-of-network services not available
Urgent care		\$75	60% after deductible	50% after deductible	60% after deductible	\$60	60% after deductible	\$60	60% after deductible	\$30	60% after deductible	\$25	60% after deductible	\$30	60% after deductible
Emergency rooms		50% after deductible		50% after deductible		40% after deductible		40% after deductible		20% after deductible		10% after deductible		10% after deductible	
Ambulatory services		50% after deductible		50% after deductible		40% after deductible		40% after deductible		20% after deductible		10% after deductible		10% after deductible	
Hospital services		50% after deductible	60% after deductible	50% after deductible	60% after deductible	40% after deductible	60% after deductible	40% after deductible	60% after deductible	20% after deductible	60% after deductible	10% after deductible	60% after deductible	10% after deductible	60% after deductible
Specialist office visits		\$140				\$60		\$60		\$30		\$25		\$30	
Diagnostic X-ray and lab services		50% after deductible				\$80		\$80		\$40		\$30		\$40	
Physical, speech and occupational therapy		\$40				\$40		\$40		\$30		\$25		\$25	
Chiropractic care		\$40				\$40		\$40		\$40		\$40		\$40	
Prescription drugs (30-day supply)	Affordable Care Act (ACA) preventive drugs	\$0 per drug		\$0 per drug		\$0 per drug		\$0 per drug		\$0 per drug		\$0 per drug		\$0 per drug	
	Tier 1 (preferred generic)	\$25 per drug		50% after deductible		\$20 per drug		\$0 per drug		\$0 per drug		\$0 per drug		\$10 per drug	
	Tier 2 (non-preferred generic)	\$35 per drug		50% after deductible		\$30 per drug		\$10 per drug		\$10 per drug		\$10 per drug		\$20 per drug	
	Tier 3 (preferred brand)	35% after deductible		50% after deductible		35% after deductible		35% after deductible		25% after deductible		15% after deductible		35% after deductible	
	Tier 4 (non-preferred brand)	50% after deductible		50% after deductible		50% after deductible		50% after deductible		40% after deductible		30% after deductible		50% after deductible	
	Tier 5 (preferred specialty)	40% after deductible		50% after deductible		40% after deductible		40% after deductible		30% after deductible		20% after deductible		40% after deductible	

*Cost Share Reduction (CSR) plan. Not all individuals and families are eligible to purchase.
All plans are subject to exclusions and limitations. A complete list of exclusions are included in plan policy documents and available at stlukeshealthplan.org/documents.